

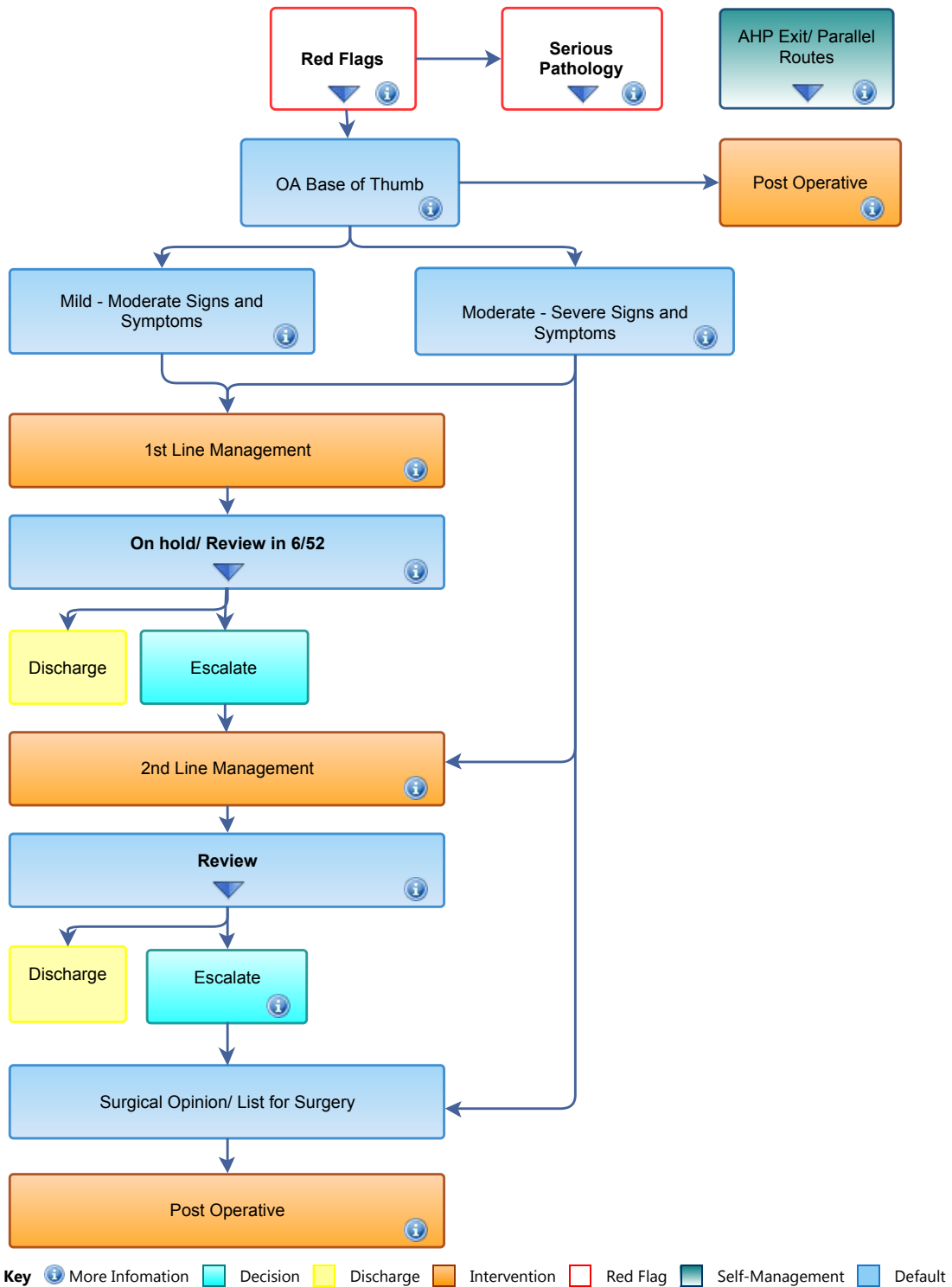


OA BASE OF THUMB GUIDANCE

Author Louise Ross (Louise.Ross@ggc.scot.nhs.uk)
Organisation NHS Greater Glasgow and Clyde
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OA BASE OF THUMB GUIDANCE



GENERAL RELATED INFORMATION FOR PATHWAY

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SPECIFIC RELATED INFORMATION FOR PATHWAY SECTIONS

RED FLAGS

Pathways

Related pathway: [MSK Foot and Ankle Red Flags NHSGGC](#)

SERIOUS PATHOLOGY

Pathways

Related pathway: [Serious Pathology](#)

AHP EXIT/ PARALLEL ROUTES

Pathways

Related pathway: [exit routes x 6](#)

OA BASE OF THUMB

Information

Description

OA at the base of the thumb or the 1st carpometacarpal joint occurs as a result of degenerative changes in the trapeziometacarpal joint. Its prevalence increases with age, studies showing it can affect 15% of the population, and is more common in postmenopausal women. Patients often present with radial sided wrist pain, weakness and grating or crepitus at the base of the thumb. Symptoms are worsened by activities involving the thumb such as pinching and gripping.

Diagnosis

History; as detailed above.

Physical examination

- Grind test: Gripping the patient's metacarpal bone of the thumb and moving it in a circle and loading it with gentle axial forces. Positive response: a sudden sharp pain at the CMC joint. https://www.youtube.com/watch?v=oEJH7KFGx_Y
- Palpation of CMC joint and STT (scaphoid, trapezoid and trapezium)
- Z deformity

Further tests

X-rays may be considered for moderate or severe cases and in particular to aid decisions on a surgical opinion or if the patient has had poor or no response to conservative management.

Differential diagnosis

- Scaphoid fracture
- Instability of the carpometacarpal or metacarpophalangeal joints
- DeQuervain's tendinopathy
- Carpal tunnel syndrome
- Radial nerve or cervical root compression.
- Intersection syndrome; Check whether the complaints are located at the top of the forearm, where the APL/EPB cross over the extensor carpi radialis longus/brevis (ECRL/ECRB) tendons (4-8 cm proximal to the radial styloid), which could suggest intersection syndrome.
- STT (scaphoid, trapezoid and trapezium)

Guidelines

[Hand Osteoarthritis; NICE, Clinical Knowledge Summaries](#)

[Royal College of Physician's Guidelines on the Management of Osteoarthritis](#)

POST OPERATIVE

Information

Appointment arranged with AHP/ nurse led clinic (appointment to be arranged prior to discharge). Local variation exists.

MODERATE - SEVERE SIGNS AND SYMPTOMS

Information

- Significant pain and restriction in range of movement
- Marked restriction to ADL's

MILD - MODERATE SIGNS AND SYMPTOMS

Information

- Intermittent pain and/ or stiffness (early stage capsular stretching may exhibit hypermobility)
- Some restriction of ADLs

1ST LINE MANAGEMENT

Information

Advice and information on osteoarthritis at the base of the thumb

Advice on activity modification and joint protection

Instruction on exercises to strengthen muscles surrounding the joint. Good biomechanical assessment will direct the strengthening programme for example ensuring that no aggravation of symptoms due to inappropriately strengthening adductor pollicis.

Splinting trial - good fitting thumb spika for 6 weeks

[National OA Thumb Patient Information Leaflet](#)

Review;

6 weeks (dependent on local procedure patient may be placed on hold)

Treatment with limited evidence

Acupuncture; although evidence shows it can be effective in reducing pain, recent NICE guidance reports it has insufficient evidence of cost-effectiveness for any recommendation to be made on its provision by the NHS.
Glucosamine products, chondroitin, topical rubefacients

Guidelines

[Hand Osteoarthritis; NICE, Clinical Knowledge Summaries](#)

[Royal College of Physician's Guidelines on the Management of Osteoarthritis](#)

External Links

[Arthritis research Council, Protecting your joints \(information and downloadable pdf\)](#)

Knowledge Network

[OA of the base of the thumb, BMJ](#)

[Conservative management of thumb base OA, systematic review](#)

Patient Information

[National OA Thumb Patient Information Leaflet](#)

[BSSH Patient Information Leaflets: Arthritis of the base of the thumb](#)

[ARC Joint Protection information for patients](#)

[NHS Inform - Wrist, Hand and Finger Problems](#)

ON HOLD/ REVIEW IN 6/52**Pathways**

Related pathway: [Reflect Review](#)

DISCHARGE**NO RELATED INFORMATION****ESCALATE****NO RELATED INFORMATION****2ND LINE MANAGEMENT****Information**

If referred from MSK Physiotherapy, ensure patient compliance with conservative management and instructions given.

Consider steroid injection and/or provision of specialist splint. Specialist splint may be custom made. CMC push splints not widely available, patients can be advised to purchase their own if they wish (patient directed Google search).

Review information on activity management and joint protection. [National OA Thumb Patient Information Leaflet](#)

Treatment with limited evidence

Acupuncture; although evidence shows it can be effective in reducing pain, recent NICE guidance reports it has insufficient evidence of cost-effectiveness for any recommendation to be made on its provision by the NHS. Glucosamine products, chondroitin, topical rubefacients

Knowledge Network

[Assessment of effectiveness of functional splint for OA thumb](#)

[Comparison of effects of sodium hyaluronate and HCl](#)

[Comparison of Push Brace and HCl for management of OA thumb](#)

Patient Information

[National OA Thumb Patient Information Leaflet](#)

[NHS Inform - Wrist, Hand and Finger Problems](#)

REVIEW**Pathways**

Related pathway: [Reflect Review](#)

DISCHARGE**NO RELATED INFORMATION****ESCALATE**

Information

- No response to conservative treatment

- Severe signs and symptoms

SURGICAL OPINION/ LIST FOR SURGERY

NO RELATED INFORMATION

POST OPERATIVE

Information

Appointment arranged with AHP/ nurse led clinic (appointment to be arranged prior to discharge). Local variation exists.